

FILED JUL 8 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 5724

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 21 years

3. (a) PRINT FULL NAME

Mary Collins3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Female race Negro

5. Color or
6. (a) Single, widowed, married,
2 divorced Widowed

6. (b) Name of husband or wife
James Collins alive 9 years

7. Birth date of deceased May 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 1 11 hr. min.

9. Birthplace Louisiana
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business

12. Name Dexter Hartison13. Birthplace Louisiana
(City, town, or county) (State or foreign country)14. Maiden name Martha Robinson15. Birthplace Louisiana
(City, town, or county) (State or foreign country)16. (a) Informant Mary Cooper(b) Address 2740 Walnut St17. (a) Burial (b) Date thereof June 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood18. (a) Signature of funeral director Russell Undt. Co.(b) Address 444 2732 Pine St.19. (a) 20 1944 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2740 Walnut
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20,
year 1944 hour 6 minute 10 P. M.21. I hereby certify that I attended the deceased from June 14,
19 44 to June 20, 19 44
that I last saw her alive on June 20, 19 44
and that death occurred on the date and hour stated above.Immediate cause of death
Cerebral Hemorrhage Duration 9 daysDue to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signature Alvin Moore (M. D. or other)
Address 2601 Whittier Date signed 6/22/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joel Russel

Licensed Embalmer No. *4112*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.